

Indiana State Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012131 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 04/09/2015 |
| NAME OF PROVIDER OR SUPPLIER VIBRA HOSPITAL OF NORTHWESTERN INDIANA | | STREET ADDRESS, CITY, STATE, ZIP CODE 9509 GEORGIA ST CROWN POINT, IN 46307 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| S 000 | <p>INITIAL COMMENTS</p> <p>This visit was for investigation of a State hospital complaint.</p> <p>Complaint Number: IN00156869</p> <p>Substantiated: deficiencies cited related to allegations.</p> <p>Date: 4/9/15</p> <p>Facility Number: 012131</p> <p>QA: cjl 04/30/15</p> | S 000 | | |
| S 930 | <p>410 IAC 15-1.5-6 NURSING SERVICE</p> <p>410 IAC 15-1.5-6 (b)(3)</p> <p>(b) The nursing service shall have the following:</p> <p>(3) A registered nurse shall supervise and evaluate the care planned for and provided to each patient.</p> <p>This RULE is not met as evidenced by: Based on policy and procedure review, medical record review, and personnel interview, nursing staff failed to supervise and evaluate the nursing care for each patient related to inconsistent and/or inaccurate wound documentation for 3 of 3 (#3, 4, and 5) open patient medical records; failed to ensure weekly photographs of wounds/pressure ulcers for 1 of 2 (#1) closed patient medical records and 3 of 3 (#3, 4, and 5) open patient medical records; and failed to ensure representation by a Wound Care Team member at the weekly Interdisciplinary Team</p> | S 930 | | 5/22/15 |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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| S 930 | <p>Continued From page 1</p> <p>Care Conferences/Meetings for 1 of 2 (#1) closed patient medical records and 3 of 3 (#3, 4, and 5) open patient medical records reviewed.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. Policy titled "Wound Management Program" revised/reapproved 4/29/14, indicated weekly documentation of wounds is to be done in the medical record to provide a systematic approach and monitoring process for skin integrity/pressure ulcer care. 2. Policy titled "Wound Assessment by Staff and Wound Care Team:" revised/reapproved 4/29/14, indicated wounds are to be photographed weekly. 3. Policy titled "Care Planning" revised/reapproved 3/26/14, indicated members of the interdisciplinary team include nursing who will cover skin issues and a care plan should be individualized for the patient and the team should use the problem list to create an individualized, comprehensive treatment plan that reflects immediate short and long term goals and barriers/contingencies. 4. Review of closed and open patient medical records, confirmed: <ol style="list-style-type: none"> A. patient #1 was admitted on 8/7/14 and: <ol style="list-style-type: none"> a. had wounds photographed and documented on 8/8/14 as: 1. right heel; 2. coccyx; and 3. right buttock that was a healed, resolved wound. b. lacked weekly wound photographs. c. Interdisciplinary Team Meeting/Care Conference forms dated 8/27/14, 9/3/14, and 9/10/14 lacked either a checkmark in the checkbox for wound care and/or on pg. 2 the section titled "Wound Care" was blank and/or lacked a signature of a representative from the | S 930 | | |

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| S 930 | <p>Continued From page 2</p> <p>wound care team.</p> <p>d. the patient was discharged on 9/16/14.</p> <p>B. patient #3 was admitted on 3/25/15 and:</p> <p>a. had wounds photographed and documented as: 1. right chest pacemaker removal; 2. left chest temporary pacemaker; 3. coccyx, stage 2. However, on 3/26/15, the wounds were documented as: 1. coccyx, stage 2; 2. left upper chest; the third wound was not documented.</p> <p>b. weekly photos were lacking on 4/1/15 and 4/8/15.</p> <p>c. on pg. 1 of the Interdisciplinary Team Meeting/Care Conference form dated 4/1/15, the checkbox for wound care was blank and on pg. 2 the section titled "Wound Care" was blank except for "incontinence dermatitis". The Interdisciplinary Team Meeting/Care Conference form dated 4/8/15 lacked a checkbox for wound care on pg. 1 and on pg. 2 the section titled "Wound Care" was blank and/or lacked a signature of a representative from the wound care team.</p> <p>C. patient #4 was admitted on 2/20/15 and:</p> <p>a. had wounds photographed and documented as: 1. left leg; 2. left heel; 3. right foot; 4. left foot; 5. right side; and 6. left side. On 2/23/15, the wounds were documented as: 1. left heel; 2. left lateral lower leg; 3. left lower quadrant; 4. right upper quadrant; the left foot and right foot were not documented. On 3/2/15, the wounds were documented as: 1. left hand; 2. left side; 3. right inner thigh; 4. left leg incision. On 3/19/15, the wounds were documented as: 1. left lateral leg; 2. left heel; 3. left lateral thigh; 4. left buttock. On 3/27/15, the wounds were documented as: 1. abdomen; no other wounds were documented.</p> <p>b. lacked weekly wound photographs.</p> <p>c. Interdisciplinary Team Meeting/Care Conference forms dated 2/25/15, 3/4/15, 3/11/15, 3/18/15, 3/25/15, 4/1/15, and 4/8/15 lacked either a checkmark in the checkbox for wound care on</p> | S 930 | | |

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| S 930 | <p>Continued From page 3</p> <p>pg. 1 and/or on pg. 2 the section titled "Wound Care" was blank or did not address all of the patient's wounds and/or lacked a signature of a representative from the wound care team.</p> <p>D. patient #5 was admitted on 3/21/15 and:</p> <ul style="list-style-type: none"> a. had a wound photographed and documented as: 1. abdomen. b. lacked weekly wound photographs. c. Interdisciplinary Team Meeting/Care Conference form dated 4/8/15 lacked either a checkmark in the checkbox for wound care on pg. 1 and/or on pg. 2 the section titled "Wound Care" was blank and/or lacked a signature of a representative from the wound care team. <p>5. Staff #5 (Licensed Practical Nurse) was interviewed on 4/9/15 at approximately 1400 hours, and confirmed photographs of wounds are done weekly by the wound care nurse. Interdisciplinary Team Meetings are also held weekly and wounds are addressed if patient has any. This was not done for patient #1, 3, 4, and 5 as required by facility policy and procedure.</p> | S 930 | | |